

Hospitality Liability

Golf Club Public Liability Insurance Proposal

V1120



Important Notices

PEN UNDERWRITING PTY LTD

ABN 89 113 929 516 AFSL 290518

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw

your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit https://www.penunderwriting.com.au/important-information/.



Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

Y	our Details						
Fu	Full Name:						
Αl	ABN:						
Tr	Trading Name:						
In	terested Parties:						
W	hat interest do the a	bove parties have?					
Вι	usiness Description:						
Ye	ears in Operation:	This business:	years				
		Any similar business:	years				
W	hat percentage of G	SST on Premium do you intend claiming as an Input Tax Credit?	%				
ıΑ	e your books of acc	counts prepared by a public accountant each year?	☐ Yes ☐ No				
Н	ave you or any Direc	ctor or Partner or Manager of the business ever:					
(a)) had insurance de	clined or cancelled?	☐ Yes ☐ No				
(b) had an insurer re	fuse or not invite renewal?	☐ Yes ☐ No				
(C)) has any special c	onditions imposed on a policy of insurance?	☐ Yes ☐ No				
(d) had a special exc	ess imposed on a policy of insurance?	☐ Yes ☐ No				
(e) had a claim rejec	ted under a policy of insurance?	☐ Yes ☐ No				
(f)	been declared ba	ankrupt or put into receivership or liquidation?	☐ Yes ☐ No				
(g) been charged wit	th or convicted of a criminal record?	☐ Yes ☐ No				
Y	our Premises						
Y	our business addres	S:					
	re you the owner of	·	☐ Yes ☐ No				
D		s activities carried out by the occupants of the premises:					
(a)	,						
 (b							



	de your ann									
				This F	inancial Ye	ar		Next Financial Year (estimated)		
Bar Sales				\$			\$			
Food Service				\$			\$	\$		
Gaming Membership Green Fees			\$			\$				
			*	\$				\$		
Other			\$			\$	\$			
		\$			\$	\$				
	de turnover		T		state:	1	Ť	7	Ť	
NSW	VIC	QLD	SA		WA	TAS	NT	ACT	Other	
		-	-						Other	
%	%	%	_	%	%	%	%	%		
Members	de details of embers ng mbers		plit as			%	%	%	%	



Are they required to have	Public and Products Liabilit	y insurance?		☐ Yes ☐ No
What steps do you take to	ensure that contractors ha	ve valid insurances	in place?	
Claims History				
In the last 5 years, have yo being sought?	ou sustained loss or damag	e (insured or not) of	a type against whi	ch insurance is nov
If Yes , please provide deta	ails			
Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$
				\$
				\$
				\$

6.



DECLARATION

I declare that:

- I am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:
Date:
Full Name:
Title: